

# MARYLAND DEPARTMENT OF JUVENILE SERVICES



## POLICY & PROCEDURE

**SUBJECT:** Use of Crisis Prevention Management (CPM) Techniques Policy  
**NUMBER:** RF-02-07 (Residential Facilities)  
**APPLICABLE TO:** Residential Services  
**EFFECTIVE DATE:** March 27, 2007

Approved: "/s/signature on original copy"  
Donald W. DeVore, Secretary

1. **POLICY.** Employees of the Department of Juvenile Services (DJS) and DJS-licensed private residential facilities shall establish and maintain a safe and orderly environment within each facility. Crisis Prevention Management (CPM) techniques may be used only by staff who have completed a DJS-approved training program and who provide documentation of completion of semi-annual refresher training. Crisis Prevention Management techniques may be utilized only to: protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape. In the event that a youth remains an imminent threat to self or others and the youth's behavior has escalated, restraints or seclusion may be used as a last resort. Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration of authority, or program maintenance (enforcing compliance with directions).
2. **AUTHORITY.**
  - a. Annotated Code of Maryland, Article 83C, §§2-102; 2-104; 2-118; 2-135.
  - b. COMAR 14.31.05.07.
  - c. American Correctional Association, Standards for Juvenile Detention Facilities, 3-JDF-3A-16; 3-JDF-3A-17; 3-JDA-3A-18; 3-JDF-3A-27; 3-JDA-28; 3-JDA-3A-29; 3-JDF-3A-30.
  - d. COMAR 16.05.02.
  - e. Maryland Standards for Juvenile Detention Facilities.
  - f. National Commission on Correctional Health Care, Standards for Health Services in Juvenile Detention and Confinement Facilities, Y-1-01, Use of Mechanical Restraint.
3. **DEFINITIONS.**
  - a. *Behavioral Health Professionals* means qualified mental health employees or substance abuse employees.
  - b. *Command Control Center* means the main location (e.g., tour office or master control center) that a Facility Administrator establishes for designated employees to authorize, report or coordinate essential program operations such as youth movement, incident reporting, employee call outs, emergency management

- situations and population counts.
- c. *Crisis Prevention Management (CPM) Techniques* means the method, protocol, maneuver or procedure that DJS authorizes, for facility employees to manage the behavior, restrict or restrain movement or actions of youth.
  - d. *Directive Touch* means escorting, gently leading or guiding a youth away from the problem.
  - e. *Facility Administrator* means the employee delegated on-site responsibility for a facility.
  - f. *Health Care Professional* means a licensed nurse, physician, and/or nurse practitioner.
  - g. *Interdisciplinary Treatment Team* means the collective group of employees within a facility who jointly manage the care, systematic application of remedies and/or behavior modification programming to effect positive behavior changes in youth.
  - h. *Mechanical Restraint*
    - (a) "Mechanical Restraint" means any device or material attached or adjacent to the youth's body that restricts freedom of movement or normal access to any portion of the youth's body and that the youth cannot easily remove.
    - (b) Mechanical restraint does not include a protective or stabilizing device.
    - (c) Only secure care facilities may use mechanical restraints.
  - i. *Non-verbal Strategies* means employee usage of gestures, postures, facial expressions, eye contact and/or proximity that serves to prevent and/or reduce aggressive behavior.
  - j. *Physical Intervention Assessment* means a systematic gathering of information from a youth in order to identify health problems.
  - k. *Physical Restraint* means a non-mechanical behavior management technique involving the use of a physical hold as a means of restricting a youth's freedom of movement.
  - l. *Preventive Intervention* means any pre-emptive non-threatening step or action to diffuse or de-escalate a problematic or crisis situation, including non-verbal strategies, verbal comments or instructions and directive touch.
  - m. *Protective or Stabilizing Device*
    - (a) "Protective or stabilizing device" means any device or material attached or adjacent to the youth's body that restricts freedom of movement or normal access to any portion of the youth's body for the purpose of enhancing functional skills, preventing self-injurious behavior, or ensuring safe positioning of a person.
    - (b) "Protective or stabilizing device" includes:
      - (i) Adaptive equipment prescribed by a health professional;
      - (ii) Seat belts; or
      - (iii) Other safety equipment to secure youth during transportation in accordance with the public agency or facility transportation plan.
  - n. *Secure Care Facility* means a DJS operated detention program, a facility classified as a physically secure facility and operated by DJS as such, or a facility licensed as a secure care program under COMAR 14.31.07.09.
  - o. *Seclusion* means the placement of a youth in a locked individual room, separate from the youth's room, where a youth is kept for a period of time. Seclusion shall be limited to secure care facilities.
  - p. *Social Separation* means the supervised placement of a youth in his/her room for a

non-punitive “cooling off” period of no more than 60 minutes, which provides an opportunity for a youth to calm down and the situation to defuse. The door of the room shall remain opened and unlocked.

- q. *Team Leader* means the employee who is trained to access, plan and direct intervention, monitor and maintain control of the situation.
- r. *Youth Advocate* means an individual who works on behalf of youth under DJS jurisdiction to ensure that youth’s needs are met and their rights upheld throughout DJS operations.

#### 4. **ACTION REQUIRED.**

##### a. **Crisis Prevention Management (CPM) Techniques.**

###### (1) **Preventive Interventions.**

- (i) In accordance with DJS approved CPM training, employees shall attempt to incrementally exhaust the following preventive intervention levels to de-escalate and defuse a potential crisis:
  - (a) **Level One** - Non-verbal strategies and directive verbal commands.
  - (b) **Level Two** - Communication techniques, including expressions of empathy and understanding; re-expression; diversion and distraction; reassurance and encouragement; problem solving; and warnings about the consequences of continued inappropriate behaviors (i.e. behavior may result in restraint).
  - (c) **Level Three** - Directive touch.
  - (d) **Level Four** - Physical or mechanical restraint, social separation or seclusion.
- (ii) Employees shall utilize the facility’s behavior management system to encourage positive response in youth and to control behavior, provided it does not conflict with the requirements and conditions of this Policy and Procedure.

###### (2) **Physical Restraint.**

- (i) Only an employee who has completed DJS approved initial training on the appropriate use of physical restraint and who can provide evidence of a semi-annual DJS approved refresher training on the appropriate use of physical restraint may use a physical restraint on a youth.
- (ii) Restraints shall be used as a last resort only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape. The goal of a physical restraint should be to ensure safety.
- (iii) Whenever possible, two or more employees shall be used while restraining a youth to help ensure safety and accountability.
- (iv) When two or more employees are responding the identified Team

Leader shall take charge.

- (v) Employees shall video tape the restraint in accordance with the Department's Video Taping of Incidents Policy.
- (vi) An employee authorized to use physical restraints on a youth shall:
  - (a) When possible, immediately notify the Facility Administrator or Facility Administrator's designee to obtain approval.
  - (b) If on-site, notify a Health Care Professional at the beginning of any restraint.
  - (c) Use only authorized CPM techniques.
  - (d) Act without causing the youth pain or suffering.
  - (e) Act without restricting the youth's ability to breathe.
  - (f) Act without verbal taunting, teasing or humiliating the youth.
  - (g) Communicate continuously to de-escalate the youth throughout the restraint, and ask questions to ensure the youth is not in distress.
  - (h) Call both a Health Care Professional and a Behavioral Health Professional to the scene if the restraint is lasting 15 minutes or longer.
  - (i) If a Health Care Professional and/or a Behavioral Health Professional is not on-site, the Team Leader shall assess the physical and mental health needs of the youth and refer to a Health Care Professional or health care facility as appropriate.
  - (j) Ensure that youth are not in physical restraints for longer than 15 minutes unless the Facility Administrator or Facility Administrator's designee reviews and approves. This review and approval must occur every 15 minutes until the youth is released.
  - (k) Immediately release a youth from restraint who exhibits signs of physical distress (e.g. disorientation to person, place or time, change in skin color, loss of consciousness, seizure, serious injury to an extremity, inability to talk, gasping for air, choking, profuse sweating, or vomiting).
  - (l) Document the use of the restraint in the Command Control Center and unit logbooks and complete an Incident Reporting form prior to the end of the shift.
- (vii) If the youth is in need of emergency medical attention or urgent medical care that is not available on site, the youth shall be transported to the nearest emergency medical facility as soon as the need for medical care is identified.
- (viii) In all instances of a restraint, the youth shall be seen by a Health Care Professional and Behavioral Health Professional for an assessment no later than 12 hours after the restraint.
- (ix) The use of a physical restraint may not exceed 30 minutes unless, after consultation with a Behavioral Health Professional there is approval to continue its use. If appropriate, this approval may only

extend the restraint for two additional 15 minute intervals.

**(3) Mechanical Restraints.**

- (i) Only an employee who has completed DJS approved initial training on the appropriate use of a mechanical restraint and who can provide evidence of a semi-annual DJS approved refresher training on the appropriate use of mechanical restraint may use a mechanical restraint on a youth.
- (ii) Except in circumstances involving an off grounds secure transport, mechanical restraints may not be placed on a youth within a facility unless:
  - (a) Required to assure secure movement of a youth,
  - (b) The Facility Administrator or Facility Administrator's designee grants approval,
  - (c) The youth is fully clothed and under constant visual supervision, and
  - (d) The key device to unlock the restraint is immediately available to employees having direct supervision of the youth.
- (iii) Except in circumstances involving an off grounds secure transport, employees shall video tape the restraint in accordance with the Department's Video Taping of Incidents Policy.
- (iv) In secure care facilities, an employee authorized to use mechanical restraints on a youth shall:
  - (a) If on site, notify a Health Care Professional at the beginning of any restraint.
  - (b) Restrain a youth only in a manner that keeps the youth's arms cuffed together in front of or behind the youth's body.
  - (c) Ensure that the restraint is not so tight as to cause injury, pain, or discomfort to the youth.
  - (d) Confirm that handcuffs and leg irons are double locked and there are two finger widths between the youth's wrist and the handcuff and two finger widths between the youth's leg and the leg iron.
  - (e) Not restrain a youth to any stationary object (e.g. chairs, desks, tables, beds).
  - (f) Monitor constantly the physical condition of the youth.
  - (g) Ensure that the employee having direct supervision of the youth has immediate access to the key device to unlock the restraint.
  - (h) Maintain one-on-one supervision of the youth until the restraint is released.
  - (i) Except in circumstances involving an off grounds secure transport, call a Health Care Professional and a Behavioral Health Professional to the scene if the restraint is lasting 15 minutes or longer.
  - (j) Except in circumstances involving an off grounds secure

transport, ensure that youth are not in restraints for longer than 15 minutes unless the Facility Administrator or Facility Administrator's designee reviews and approves continued use. If appropriate, this approval may only extend the restraint for two additional 15 minute intervals.

- (k) Immediately release a youth from restraint who exhibits signs of physical distress (e.g. disorientation to person, place or time, change in skin color, loss of consciousness, seizure, serious injury to an extremity, inability to talk, gasping for air, choking, profuse sweating, or vomiting) or when the Team Leader indicates that the youth is calm, the restraint is no longer needed to protect or prevent the youth from imminent injury to self and others, or in order to prevent overt attempts at escape.
- (l) Except in circumstances involving an off grounds secure transport, document the use of the restraint in the Command Control Center and unit logbooks and complete an Incident Reporting form prior to the end of the shift.
- (m) In all instances, except in circumstances involving off grounds secure transport, ensure the youth is seen by both a Health Care Professional and a Behavioral Health Professional no later than 12 hours after the restraint.
- (n) If the youth is in need of emergency medical attention, or urgent medical care that is not available on site, ensure the youth is transported to the nearest emergency medical or urgent care facility as soon as the need for medical care is identified.
- (v) If a Health Care Professional or Behavioral Health Professional is not on-site, the Team Leader shall assess the physical and mental health needs of the youth and refer to a Health Care Professional or health care facility as appropriate.

#### **(4) Seclusion.**

- (i) Seclusion shall only be used to de-escalate behavior and not as punishment or a sanction.
- (ii) Employees shall video tape any acting out behavior as it occurs in accordance with the Department's Video Taping of Incidents Policy.
- (iii) Only the Facility Administrator or Facility Administrator's designee shall approve a youth being placed in seclusion.
- (iv) Within one hour of being placed in seclusion, the youth should be seen by a Behavioral Health Professional. If a Behavioral Health Professional is unavailable on-site, the Facility Administrator or Facility Administrator's designee shall consult with a Behavioral Health Professional via telephone.
- (v) Employees shall immediately place the youth on Suicide Watch Level Three and notify a Behavioral Health Professional if the

youth evidences any of the following:

- (a) Clear threats of violence against self or others,
  - (b) Attempts to hurt self,
  - (c) Hallucinations (seeing things that are not present, reports hearing voices),
  - (d) Talks incoherently; or
  - (e) Takes off clothes or smears feces.
- (vi) Youth in seclusion who are placed on Suicide Watch Level Three will be assessed and monitored by a Behavioral Health Professional.

**b. Discontinuation of Restraint or Seclusion.**

A youth shall be released from restraint or seclusion when the Team Leader indicates that the youth is calm, or the restraint is no longer needed to protect or prevent the youth from imminent injury to self or others, or to prevent overt attempts at escape.

**c. Duties and Responsibilities.**

**(1) Employee Responsibilities. Except in circumstances involving an off grounds secure transport, facility employees shall:**

- (i) Complete and forward an Incident Reporting form to the Facility Administrator or Facility Administrator's designee no later than the end of the shift in which the incident occurred for all incidents involving restraints or seclusion.
- (ii) Where applicable, turn the event video tape over to the Facility Administrator or Facility Administrator's designee for further disposition.
- (iii) Report the incident immediately to the Facility Administrator or the Facility Administrator's designee and to the Office of Professional Responsibility and Accountability (OPRA) upon having direct knowledge of an incident potentially involving the inappropriate use of a CPM technique.
- (iv) Record each restraint in the unit and Command Control Center log books and place a copy of the Incident Reporting form in the youth's base file and the administrative incident reporting file.

**(2) Team Leaders. Except in circumstances involving an off grounds secure transport, Team Leaders shall:**

- (i) Assess the youth and the situation,
- (ii) Plan the intervention,
- (iii) Direct and cue other employees during the restraint,
- (iv) Communicate with the youth throughout the restraint,
- (v) Conduct the debriefing with the youth following the restraint; and
- (vi) Ensure the youth has been medically checked by a Health Care Professional after a restraint.

**(3) Health Care Professionals. Except in circumstances involving an off grounds secure transport, Health Care Professionals shall:**

- (i) If on site, after being notified of the restraint, review the health record for any contraindications to restraint or need for special accommodations and if any exist, immediately communicate this information to the facility employees, and contact physician on call if necessary.
- (ii) If on site, upon being called to the scene if the restraint lasts 15 minutes or longer, monitor the youth's health status and the safety of the use of the mechanical restraint (check respiration, circulation, responsiveness, neurological status, level of discomfort, compromise to extremities) for the remaining duration of the restraint and communicate to facility employees if the restraint is jeopardizing the health of the youth.
- (iii) After the restraint is over conduct a health assessment of the youth to determine whether an injury has occurred, provide appropriate medical care, and refer for further health care or follow-up when indicated (e.g. dental care, emergency room referral, follow-up with physician, mental health).
- (iv) When applicable, photograph the youth's injury or alleged injury in accordance with the Department's Photographing of Injuries Policy.
- (v) In the event of an injury or alleged injury, complete and forward to the Facility Administrator or the Facility Administrator's designee and OPRA a Nursing Report of Youth Injury.

**(4) Behavioral Health Professionals. Except in circumstances involving an off grounds secure transport, Behavioral Health Professionals shall:**

- (i) When on-site, see youth face-to-face and assess youth's mental status, within one hour of a youth being placed in restraint or seclusion.
- (ii) If not on site, assess the youth within 12 hours of notification.
- (iii) Convene an Interdisciplinary Treatment Team meeting to review a youth who has one or more restraint or seclusion episode within a week. This review should occur as soon as possible but no later than one week after the second episode.
- (iv) Identify antecedent behavior and when appropriate modify the youth's treatment and/or behavioral management plan.



**(5) Facility Administrators or Facility Administrator designees. Facility Administrators or Facility Administrative designees shall:**

- (i) Address the use of restraints in the facility's operational procedures that includes:
  - (a) The method of maintaining inventory for assigned and unassigned mechanical restraint equipment and securing unused or unassigned equipment.
  - (b) The job classifications authorized to approve the use of restraints and a listing of authorized restraints.
  - (c) The job classifications permitted to use restraints and the quantity of mechanical restraint equipment required to be on hand.
  - (d) Instructions on employee's receipt and distribution of mechanical restraint equipment.
- (ii) Designate an employee on each living unit per shift to be the Team Leader.
- (iii) Designate an employee who has been trained in first aid and who will photograph youth injuries in order to conduct a physical intervention assessment when a Health Care Professional is not on site.
- (iv) Except in circumstances involving an off grounds secure transport, require employees to complete an Incident Reporting form for each restraint.
- (v) Except in circumstances involving an off grounds secure transport, send a copy of the Incident Reporting form to the DJS Assistant Secretary for Residential Services and OPRA.
- (vi) Except in circumstances involving an off grounds secure transport, review each use of CPM techniques to determine if employees applied the technique in accordance with operational procedures and this policy and procedure.
- (vii) Except in circumstances involving an off grounds secure transport, track the episodes of restraint and seclusion by unit, shift and employee(s) involved and prepare monthly reports. These reports shall be submitted to the Assistant Secretary of Residential Services.
- (viii) Require employees to make the following notifications within one hour when a youth is restrained for purposes other than necessary secure transportation:
  - (a) The Facility Administrator or the Facility Administrator's designee,
  - (b) The DJS On-Call Administrator,
  - (c) The Facility Case Management Specialist,
  - (d) The Community Case Management Specialist,
  - (e) The youth's parents or legal guardians, and
  - (f) The facility's Command Control Center, where applicable.
- (ix) Make the decision, when applicable, to seek the assistance of local law enforcement to manage combative, violent or out-of-control

behavior of DJS youth in a facility.

**(6) Office of Professional Responsibility and Accountability (OPRA).  
OPRA shall:**

- (i) Fully investigate any incident for which it is reported or indicated that employees may have inappropriately applied a CPM technique or used force that exceeds the procedurally authorized response to the behavior.
- (ii) When applicable, review Nursing Reports of Injury forms.
- (iii) Secure any video tapes that can be used as evidence during an investigation.

**d. Debriefing.**

**(1) Youth Debriefing.**

- (i) Once the youth is calm, the Team Leader and the youth shall discuss the restraint or seclusion episode and the right to request a Disciplinary Hearing or file a grievance.
- (ii) The youth will meet with a Behavioral Health Professional.
- (iii) The youth debriefing will be documented on the *Debriefing Form (Appendix I)*.

**(2) Employee Debriefing.**

- (i) The Facility Administrator or Facility Administrator's designee shall conduct an employee debriefing prior to the end of the shift.
- (ii) All employees involved in a restraint or seclusion episode shall be in attendance at the employee debriefing.
- (iii) The debriefing will focus on the following areas:
  - (a) The youth's emotional and physical well being,
  - (b) The emotional and physical well being of any employee involved,
  - (c) Providing for program recovery and arranging for new coverage in order to assist the unit in regaining stability,
  - (d) Completing and reviewing documentation of the restraint or seclusion episode; and
  - (e) Assessing whether policies and procedures were followed.
- (iv) After debriefing, within 72 hours of the restraint or seclusion episode, the Facility Administrator or Facility Administrator's designee shall meet with employees to discuss the following to:
  - (a) Identify any program or environmental factor that may have contributed to the restraint or seclusion,
  - (b) Explore alternate ways of handling the situation,
  - (c) Gather additional information if applicable,
  - (d) Share outcomes of the restraint or seclusion and review the Incident Reporting form; and

- (e) Review the CPM techniques utilized and remediation training.
- (v) After the debriefing the Facility Administrator or Facility Administrator's designee shall complete the **Debriefing Form** and Administrative Summary.

**(3) Transportation.**

Debriefing is not necessary following the use of mechanical restraints during an off grounds secure transport.

**e. Administrative Review, Audit and Investigation, and Quality Assurance.**

**Facility Administrator or Facility Administrator's Designee. Except in circumstances involving an off grounds secure transport, the Facility Administrator or Facility Administrator's designee shall:**

- (1) Review the use of physical or mechanical restraints or seclusion within 24 hours of each restraint or seclusion episode to determine if the restraint or seclusion was appropriate and in compliance with this policy and procedure and the facility's operational procedures.
- (2) Thoroughly investigate and evaluate the precipitating causes and factors contributing to the use of restraints or seclusion and when warranted determine the appropriate corrective action.

**f. Falsification of Documents.**

- (1) In accordance with the DJS Standards of Conduct and Disciplinary Process "an employee may not make any false oral or written statement or misrepresent any material fact, under any circumstance, with the intent to mislead any person or tribunal. Reports submitted by employees shall be clear, concise, factual and accurate. There is a distinction between two kinds of report:
  - (i) A false report is one that is intentionally untrue, deceptive or made with the intent to deceive the person to whom it was directed.
  - (ii) An inaccurate report is one that is untrue by mistake or accident and made in good faith."
- (2) Missing information can be added but should not be reproduced or dated to give the impression of having been previously documented.
- (3) Corrected and/or added documentation shall be initialed and dated for the time the correction or addition is made.

5. **LOCAL IMPLEMENTING PROCEDURES REQUIRED**      **Yes.**

6. **DIRECTIVES/POLICIES AFFECTED.**

- |    |                                  |   |
|----|----------------------------------|---|
| a. | Directives/Policies Rescinded -  | <b>02.09.13 (Use of Force Policy)</b>   |
| b. | Directives/Policies Referenced - | <b>RF-11-05 (Photographing of Injuries Policy)</b><br><b>RF-03-05 (Videotaping of Incidents Policy)</b> |

7. **FAILURE TO COMPLY.**

Failure to comply with a Secretary's Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

**Appendices - 1**

1.      Debriefing Form

**DEPARTMENT OF JUVENILE SERVICES  
DEBRIEFING FORM**

Name of Youth Involved: \_\_\_\_\_ Incident Report #: \_\_\_\_\_

Unit: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Staff Debriefed: \_\_\_\_\_

**TEAM LEADER DEBRIEFING SECTION**

1. Assess the emotional and physical well being of staff. Ask staff about their physical and emotional well being. Assess if staff is able to continue with their responsibilities on the unit.
  
2. Ask the staff to describe what happened at each stage. Have staff describe the youth's appearance and behavior at each stage. Have staff look at the interventions and behaviors in terms of the 4 stages of crisis indicated below.

| STAGES OF CRISIS | YOUTH'S RESPONSE | STAFF INTERVENTION |
|------------------|------------------|--------------------|
| PRE-CRISIS       |                  |                    |
| ESCALATION       |                  |                    |
| CRISIS           |                  |                    |
| DE-ESCALATION    |                  |                    |

Team Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FACILITY ADMINISTRATOR / FACILITY ADMINISTRATOR DESIGNEE DEBRIEFING**

1. Did staff do anything which may have escalated the child's acting out? (If yes, please explain)

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2. Was a physical restraint necessary? (If yes, why?)
3. Did staff perform the restraint according to DJS policy and procedures? (If no, why not?)
4. Did staff follow the intervention strategies in the policy?
5. Suggestions/Additional Comments

Facility Administrator/Designee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**BEHAVIOR HEALTH PROFESSIONAL DEBRIEFING**

1. Describe your Assessment of youth and staff:
2. Assessment and Recommendations:

Behavior Health Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

c: Shift Commander  
Facility Administrator  
Employee Work File



**MARYLAND DEPARTMENT OF JUVENILE SERVICES  
EMPLOYEE STATEMENT OF RECEIPT  
POLICY AND PROCEDURE**

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|                        |  |
|------------------------|--|
| <b>SUBJECT:</b>        | <b>Use of Crisis Prevention Management (CPM) Techniques<br/>Policy</b> |
| <b>POLICY NUMBER:</b>  | <b>RF-02-07</b>  |
| <b>EFFECTIVE DATE:</b> | <b>March 27, 2007</b>  |

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I have received one copy (electronic or paper) of the Policy and/or Procedure as titled above.  
I acknowledge that I have read and understand the document, and agree to comply with it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR  
FOR FILING WITH PERSONNEL, AS APPROPRIATE.)